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CONFIRMATION NO. 3495

|  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/826,988   | <b>FILING OR 371(c) DATE</b><br>04/19/2004<br><b>RULE</b>   | <b>CLASS</b><br>417              | <b>GROUP ART UNIT</b><br>3746   | <b>ATTORNEY DOCKET NO.</b><br>USUI-13W |
| <b>APPLICANTS</b><br>Ken Shiozaki, Shizuoka, JAPAN;<br>Yoshinobu Iida, Shizuoka, JAPAN;  |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b><br><i>None PJB</i>   |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-116072 04/21/2003 <i>PJB</i><br>JAPAN 2004-113606 04/07/2004  |   |                                  |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/26/2004</b>   |   |                                  |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>[Signature]</i> Allowance<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>4               |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                                  |   |  |
| <b>ADDRESS</b><br>1218   |   |                                  |   |  |
| <b>TITLE</b><br>Control method of external control type fan clutch   |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |